

GP 37318
6537 41
PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Camerlengo
Serial No.: 10/021,685 Group No: 3731
Filed: 12/11/01 Examiner: U.T. Ho
For: EMULSIFICATED TIP FOR OCULISTIC SURGERY, PARTICULARLY FOR PHACOEMULSIFICATION OF CATARACT

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

a small entity - verified statement:
 attached.
 already filed.
 other than a small entity.

RECEIVED

MAY 18 2004

TECHNOLOGY CENTER 3700

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Sarah Kennedy
(Type or print name of person mailing letter)

Date: 5/11/04


(Signature of person mailing paper)

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475.00 00

Page 1 of 4

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR EXTRA		PRESENT RATE	Fee	ADDIT. OR	Rate	Fee	ADDIT.
TOTAL	5	MINUS	20	=	x 9= \$		x 18=	\$	0.00
INDEP.	1	MINUS	3	=	x 40= \$		x 80=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+135=\$			+\$270= \$
						TOTAL ADDIT. FEE \$	OR	TOTAL ADDIT. FEE	\$ 0.00

If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR 1.116(a) (emphasis added).

(complete (c) or (d) as applicable)

(c) No additional fee for claims is required.

OR

(d) Total additional fee for claims required \$_____.

FEE PAYMENT

5. Attached is a check in the sum of \$ 475.00 _____.

Charge Account No. _____ the sum of \$ _____.

A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. X If any additional extension and/or fee is required, charge Account No. 19-0079

AND/OR

X If any additional fee for claims is required, charge Account No. 19-0079



SIGNATURE OF ATTORNEY

Reg. No.: 35,985

Arlene J. Powers

Type or print name of attorney

Tel. No.: (617) 426-9180
Extension 110

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